

AMENDMENT TRANSMITTAL LETTER				Docket No. MHM-00307/29
Application No. 10/706,570-Conf. #6665	Filing Date November 12, 2003	Examiner T. R. Patel	Art Unit 3772	
Applicant(s): Michael A. Masini				
Invention: INVERTIBLE WOUND DRESSING AND METHOD OF MAKING THE SAME				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
15	- 33 =	0	x 26.00	0.00
Independent Claims	5	- 4 =	1	x 110.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				110.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>07-1180</u> in the amount of \$ <u>110.00</u> .				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
<u>/John G. Posa/</u>			Dated: <u>June 18, 2009</u>	
John G. Posa				
Attorney/Agent Reg. No.: 37,424				
GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.				
2701 Troy Center Drive, Suite 330				
Post Office Box 7021				
Troy, Michigan 48007-7021				
(734) 913-9300				